

Evaluation and Management Codes

This job aid provides information on two types of visits: **problem-oriented visits** and **preventive medicine visits**. While both types of visits use evaluation and management (E/M) codes, the coding process for the two types differs. This job aid reflects changes that went into effect on January 1, 2021, and includes common modifiers used in billing family planning visits. Payers often have unique coding and billing policies, so it is important to review each payer's policies periodically to ensure the correct codes or modifiers are applied.

PROBLEM-ORIENTED VISITS

Providers can use two methods to select E/M codes for problem-oriented visits: 1) medical decision making (MDM) or 2) the clinician's total time on the date of the encounter. One method will not fit all visits, and providers should use the method that results in the highest-level code that is supported in the documentation. For more guidance and reviewing changes to E/M codes, refer to the [Coding in the Reproductive Health Care Environment: The Fundamentals of Coding eLearning course](#).

Method 1: MDM

The table below contains the three elements of MDM used to compute the level of MDM: 1) number and complexity of problems addressed; 2) amount and complexity of data to be reviewed and analyzed; and 3) risk of complications and/or morbidity or mortality of client management. The table also includes the associated E/M code for new and established patients for the different levels of MDM. Further detail can be found in the [American Medical Association's guidance and tables on MDM](#).

Table 1. Level of MDM, based on highest 2 of 3 elements¹

E/M CODE	LEVEL OF MDM	NUMBER, COMPLEXITY OF PROBLEMS	AMOUNT OR COMPLEXITY OF DATA REVIEWED	RISK OF COMPLICATIONS
99202 (new) 99212 (established)	Straightforward	Minimal	Minimal	Minimal
99203 (new) 99213 (established)	Low	Low	Limited	Low
99204 (new) 99214 (established)	Moderate	Moderate	Moderate	Moderate
99205 (new) 99215 (established)	High	High	Extensive	High

Method 2: Total Time

As of January 1, 2021, total time includes both face-to-face and certain aspects of non- face-to-face time personally spent by the physician and/or other qualified health care professionals on the date of the encounter. Below lists some examples of activities that can and should be counted in calculating the total time of an encounter.

TOTAL TIME BASED ON THE FOLLOWING COMPONENTS:

- Prepare to see the patient (e.g., review medical record and test results)
- Obtain and/or review separately obtained history
- Perform medically-appropriate exam and/or evaluation
- Counsel and educate the patient/family/caregiver
- Document clinical information in the health record
- Independently interpret results (not separately reported) and communicate results to the patient/family/caregiver
- Care coordination (not separately reported)



¹ It is important to refer to the American Medical Association's table for Medical Decision Making. For complete guidance refer to: <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>.

Table 2. New patients²

E/M	TIME (MIN)
99202	15–29
99203	30–44
99204	45–59
99205	60–74

Table 3. Established patients

E/M	TIME (MIN)
99211	N/A
99212	10–19
99213	20–29
99214	30–39
99215	40–54

PREVENTIVE MEDICINE VISITS

Preventive medicine visits are also referred to as well-person visits, periodic health screening visits, or check-up visits. A typical preventive medicine visit includes a medical history, physical exam (as medically appropriate), counseling or risk factor reduction interventions, and the ordering of laboratory or diagnostic procedures. Family planning counseling and provision of contraceptive methods are included and not billed separately. Preventive medicine visits are coded based on the patient’s age and on whether the patient is new or established, whereas individual preventive medicine counseling services are coded by face-to-face time. The tables below list the codes for health screenings and individual counseling.

Table 4. Preventive medicine services (health screenings)

AGE	NEW PATIENT	ESTABLISHED PATIENT
12–17	99384	99394
18–39	99385	99395
40–64	99386	99396
> 65	99387	99397

Table 5. Preventive medicine services (individual counseling)

E/M	TIME (MIN)
99401	Approximately 15 minutes
99402	Approximately 30 minutes
99403	Approximately 45 minutes
99404	Approximately 60 minutes

Table 6. E/M applications in family planning

SERVICE TYPE	MOST LIKELY E/M CODE
Family planning visit	<p>E/M code based on either of:</p> <ul style="list-style-type: none"> MDM, if multiple tests ordered (including point-of-care tests) and hormonal contraceptive is dispensed or a prescription (Rx) is written Time, if no tests ordered and over the counter (OTC) method, fertility awareness-based method (FABM), or no method chosen <p>Preventive medicine, individual counseling code can be used for a counseling-only visit, if covered. This may include time contributed by a non-clinician counselor, depending on payer policy.</p>
STI problem visit	<p>E/M code based on either of:</p> <ul style="list-style-type: none"> MDM, if multiple or complex diagnoses, multiple tests ordered, and Rx written for antibiotic, antiviral, or antifungal medication Time, if single diagnosis, no tests ordered, and OTC drug or no treatment necessary <p>Preventive medicine, individual counseling code can be used for a counseling-only visit, if covered. This may include time contributed by a non-clinician counselor, depending on payer.</p>
Well person visit	<p>Preventive medicine services code preferred, if covered.</p> <p>If the preventive medicine services code set is not available, use E/M codes based on either:</p> <ul style="list-style-type: none"> MDM, if multiple tests are ordered and Rx given Time, if there are no problems and no Rx written (since MDM will be straightforward or low)
Prepregnancy care visit	<p>E/M code based on either of:</p> <ul style="list-style-type: none"> MDM, if multiple or complex diagnoses, multiple tests ordered, and Rx given Time, if no tests ordered and OTC drug or no drug treatment necessary <p>Preventive medicine, individual counseling code can be used for counseling-only visit, if covered. This may include time contributed by a non-clinician counselor, depending on payer.</p>
DMPA-IM and -SQ injection follow-up visits	<p>96372: Therapeutic, prophylactic, or diagnostic injection (no history taken; injection by nurse or medical assistant (MA))</p> <p>99211: Injection by nurse or MA (minimal history by nurse or MA)</p> <p>99212-15 with – 25 modifier: Problem related to DMPA evaluated by clinician, followed by injection</p>

² Code 99201 has been deleted and is no longer accepted for billing.

Table 7. Common modifiers

NUMBER	DEFINITION	USE FOR
-22	Increased procedural services	More complex procedure than usual. Explain in remarks box on claim and/or append operative note to claim
-24	E/M unrelated service by same clinician during surgical global period	Visit during “global” post-op period for an unrelated problem
-25	Significant, separately identifiable E/M service by same clinician on same day of procedure	Procedure and unrelated office visit on same date of service
-26	Professional component (imaging procedure or others) with separate technical and professional components	Clinician component (usually image or test interpretation)
-33	Preventive service	Service with United States Preventive Services Task Force (USPSTF) ³ A or B rating (and 8 additional benefits for women’s health) to indicate no cost-sharing
-51	Multiple procedures (similar operation, same body area)	<ul style="list-style-type: none"> • Report most significant first • Others with -51 modifier
-52	Reduced services	Procedure partially completed
-53	Discontinued procedure	Unable to perform procedure for client safety reasons
-59	Separate procedures or distinct procedural service	Unrelated procedure on the same date of service Required by some payers to be used instead of -51
-93	Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system	Telephone (audio-only) visits
-95	Synchronous telemedicine service rendered via real-time interactive A/V telecommunications system	Telemedicine visits

REFERENCES:

CPT® Evaluation and Management (E/M) Code and Guideline Changes effective January 1, 2023

<https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf>

American Medical Association. (n.d.). CPT evaluation and management (E/M) office or other outpatient (99202-99215) and prolonged services (99354, 99355, 99356, 99XXX) code and guideline changes. Retrieved December 1, 2020 from <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>.

American Medical Association. (2020). 2021 CPT professional edition. American Medical Association.

American Medical Association. (2020, December). HCPCS Level II Professional 2021. American Medical Association.

³ Refer to the U.S. Preventive Services Task Force for additional guidance: <https://www.uspreventiveservicestaskforce.org/uspstf>